MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Registrar's No. DO NOT WRITE ON THIS STUB AMENDED · Pace by Fig. 17 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before a. COUNTY a. STATE b. COUNTY VS 300 admission) AMENDED Mo Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN St. Louis St. Louis Yes ☐ No ☐ c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm O VIE HOSPITAL OR **ADDRESS** INSTITUTION Yes □ No □ Yes 🔲 No 🔲 3439 Pestalozzi 3439 Pestalozzi Middle 3. NAME OF DECEASED First 4. DATE Day Year (Type or print) OF DEATH O. WILLIAMSON 4, 63 BUFIL Jan 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 0 Never Marrie 5. SEX 6. COLOR OR RACE 7. Married | 8. DATE OF BIRTH Widowed □ Divorced [/17/90 M 72 0 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOLLOWS USA Illinois Merchants Exchange Weigher 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Henry Williamson Florence Toberman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of servi Ethel Hicks 3439 Pestalozzi ARE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY: DOCUMEN 10 RECORD ANMEDIATE CAUSE (a) Q 11 NSTEAD 1290-0 £ 13 DUE TO (c) OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Yes ☐ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? SUICIDE HOMICIDE 20a. ACCIDENT Ö YES | NO KI 20c. TIME OF Hou Month, Day, Year RIBBON INJURY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE COUNTY 20d. INJURY OCCURRED WHILE AT WORK | **TYPEWRITER** and last saw him alive on 20 nov. 1962 REA 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNATURE QF. 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY AFFIDA Fillmore. Illinois ÖN. REMOVAL (Specify) Glendale Cem Remova. 25. DATE RECD. BY LOCAL REG. **ADDRESS** 24. FUNERAL DIRECTOR ¥ 2906 Gravois KUTIS

TATEMENT BY LICENSED EMBALMER

	is recorded on the reverse side of this certificate was embalmed by me,
or by	Student Empairmer No.
Student	Signed Corry Thompsel
Signature of Student Embalmer	Licensed Embalmer No. 456/
	P.O. Address It Joins 19, Mb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds-for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

OR 2-2754